

The Administration on Aging: Translating Disease and Disability Prevention Research into State and Community Evidence-Based Service Systems

AoA's Evidence-based Prevention Demonstration Initiative documented that community aging service organizations can successfully translate evidence-based interventions into practical, attractive, low cost programs that improve the health of older adults and are likely to reduce health care costs. The best of these programs are being replicated across the nation.

Lead Agency:

Administration on Aging

Agency Mission:

The mission of the Administration on Aging (AoA) is to help elderly individuals maintain their dignity and independence in their homes and communities for as long as possible. AoA does this by serving as the Federal agency responsible for advancing the concerns and interests of older people, and by working with and through a nationwide network of 29,000 community-based organizations, known as the Aging Services Network, to promote the development of comprehensive and coordinated systems of care at the community-level that respond to the needs and preferences of older people and their family caregivers.

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Partner Agencies:

Agency for Healthcare Research and Quality (AHRQ)
Centers for Disease Control and Prevention (CDC)
National Institute of Health (NIH)
Atlantic Philanthropies
Health Foundation of South Florida
Robert Wood Johnson Foundation

General Description:

In 2003, the Administration on Aging (AoA) launched a \$6 million demonstration program, in collaboration with CDC, AHRQ, CMS, NIA and several national foundations, to promote the translation of science-based interventions into practice at the community-level that have proven effective in helping older individuals to make behavioral changes that reduce the risk of disease, disability and injury among the elderly.

Chronic conditions currently limit activities for 12 million older persons living in communities. These conditions collectively account for seven out of every 10 deaths, and more than three-quarters of all health expenditures in the United States. To address this growing chronic disease epidemic, federal and philanthropic investments have generated a body of scientific evidence on the efficacy of specific interventions that can help older people to improve their health and well-being by better managing their chronic diseases, being more physically active, avoiding falls, managing medications and improving nutrition and diet. In many cases, these tested interventions reached older adults in community, not clinical, settings. This is a critical point – if we can reach older adults with effective healthy aging programs without relying solely upon clinicians, we will save billions of dollars and reach many more people – especially those who are most vulnerable and lack access to medical care.

The AoA demonstration was designed to test the effectiveness of delivering these “evidence-based prevention programs” through AoA’s nationwide network of community-based aging service provider organizations. The evidence-based programs used for this demonstration include low-cost interventions, such as chronic-disease self-management training, fall prevention and exercise programs, that can be delivered by staff and volunteers who are not clinicians but are trained in specific tools and techniques that help people to modify unhealthy behaviors. Examples of organizations in AoA’s network that provide sites for the delivery of such programs include senior centers, adult day care programs, congregate meal sites, senior housing projects and faith-based organizations. These organizations make up an existing nation-wide infrastructure that the federal government can use to rapidly deploy new programs and services that have proven effective in help seniors to remain healthy and independent in their homes and community. These organizations reach into every community in the country and each year provide a wide range of social and supportive services to nearly 10,000,000 elderly individuals.

In 2003, AoA awarded twelve demonstration grants to communities across the nation supporting local partnerships involving aging service providers, area agencies on aging, local health entities and research organizations, such as university research centers. A strong emphasis was placed on coordination with the CDC and NIA funded Academic Research Centers around the country. Over a four-year period, the community grant

programs reached more than 4,000 older adults. Over half were members of minority groups and one in eight was non-English speaking. The community programs' success has since led to a strengthened collaboration between AoA and its partners to create statewide programs in 27 states across the country.

Beyond the participation numbers, analysis of surveys conducted at baseline and then again 4-6 months after the program ended demonstrated that participants in these community-based demonstration projects achieved the same benefits as subjects in the randomized trials in much more controlled settings. Findings were especially powerful for the Matter of Balance fear of falling program, the Healthy IDEAS depression program, the Medication Management Program and the Stanford Chronic Disease Self-management Program. The programs reached diverse older adults and produced measurable and meaningful improvements in health and function. The attached list of references includes citations for relevant articles that detail the findings on these programs (See Healy et al., Quijano et al., Casado et al., Alkema et al., and Gitlin et al.)

All of the grantees worked to ensure that their programs faithfully replicated the intervention from the original research. Four of them worked with an academic expert to analyze various dimensions of "fidelity" (the label for faithful replication) in their projects and the results were also published (See Frank et al.)

Based on the success of these community-level grants, in 2006 AoA launched a \$14 million grants program designed to encourage state governments to play a leadership role in promoting the deployment of evidence-based programs for older adults within their states as part of their overall prevention agenda. This program that involves partnerships between the state aging and health departments is currently supporting 350 community-level projects and has already provided evidence-based prevention programs to an additional 8,600 older adults. States and local agencies have matched the 2003 and 2006 federal investment with at least \$6.5 million in non-federal funds. Additionally, federal agencies such as AHRQ, CDC, CMS, HRSA, NIA and others have contributed expertise and funds to this demonstration initiative. Nine prestigious universities in the CDC's Healthy Aging Research Network are contributing expertise in research, evaluation and training to support success at both the local and national levels.

This collective effort has been bolstered by \$8.4 million in grants from The Atlantic Philanthropies to the National Council on Aging (NCOA), AoA's National Technical Assistance Center and a leader in healthy aging. These funds are being used to further advance replication of the Stanford Chronic Disease Self-management Program in at least 27 states (24 funded by AoA and 3 by NCOA) and to build sustainable systems for statewide access in at least eight states. Together, the Robert Wood Johnson Foundation and The John A. Hartford Foundation have provided over \$3.5 million to NCOA to promote healthy aging programming in the aging services network.

Additionally, The John A. Hartford Foundation awarded \$1.7 million to the Partners in Care Foundation to fund national expansion of the Medication Management Program developed under the 2003 AoA demonstration grant. And in May 2008, the Health

Foundation of South Florida committed \$7.5 million over five years to embed evidence-based programming for older adults into community care systems in three counties.

Excellence: What makes this project exceptional?

This demonstration initiative is exceptional because it creates a practical, low-cost way to translate the best science from NIH and other federal agencies into attractive, effective programs that improve the health and function of older adults and reduce costs. It promotes collaboration and partnerships at the federal and local levels that leverage expertise, resources and funding from multiple public and private organizations. And it provides an important, value-added role for community-based social services agencies in deploying interventions that can keep older people healthy and also reduce health care costs.

Significance: How is this **evidence-based demonstration** relevant to older persons, populations and/or an aging society?

Four out of five older adults have a chronic condition and many experience limitations in activities due to such conditions. Minority and disadvantaged elders are at greater risk for chronic illnesses and accompanying disability. Nearly 40% of older adults living in the community reported limitations in function due to chronic conditions. Two-thirds of Medicare dollars are spent on people with 5 or more chronic conditions. The aging of the population alone is projected to increase health care costs by 25 percent between 2000 and 2030. Falls are the leading cause of both fatal and nonfatal injuries for those 65 and over. In 2005, over 1.8 million older adults were treated in emergency departments for injuries from falls, more than 433,000 were hospitalized, and nearly 16,000 died.

Poor health is not an inevitable consequence of aging. Given the medical nature of these chronic illnesses, the search for interventions has been heavily medical, but an often overlooked set of programs is best delivered outside of the medical care system. These programs relate primarily to supporting healthy lifestyle choices including self-management of chronic conditions, increasing physical activity, reducing falls, improving eating habits, and managing depressive symptoms.

Older adults – like everyone else – need support in making healthier choices. They often face unique challenges to engaging in preventive activities, such as having to endure arthritic pain that makes exercising difficult, or being discouraged about having so many chronic conditions, or not having good peer support. Proven chronic disease self-management workshops help older adults to address the barriers to making healthier choices and build skills to effectively manage their conditions. Community aging service providers, working collaboratively with health care providers and other local prevention experts, are highly suited to address the prevention needs of the elderly.

Effectiveness: What is the impact and/or application of this **evidence-based demonstration** to older persons?

Every program that was replicated under this demonstration initiative was based upon an intervention that had proven efficacy in a rigorous scientific study. For example, the Stanford Chronic Disease Self-management Program, a six week workshop led by trained lay facilitators, has repeatedly produced powerful outcomes for people with chronic conditions. In the original trial, six months after the end of the intervention, participants reported significant:

- Improvement in self-rated health, disability, social and role activities;
- More energy and less fatigue;
- Decreased disability;
- Increased exercise;
- Greater skill in coping strategies and symptom management;
- Better communication with their physicians; and,
- Fewer physician visits and hospitalizations

In the AoA demonstration projects offering the Chronic Disease Self-management Program in Western Michigan and Philadelphia, most of these findings were replicated when the program was offered to diverse populations, including Hispanics and African-Americans, by Area Agencies on Aging working with senior centers and other local sites.

This program and many others in the AoA demonstration produced significant improvements in health that have been published in peer-reviewed journals. If taken to scale, these programs hold the promise of making dramatic improvements in the health and well-being of our older citizens.

Innovativeness: Why is this **evidence-based demonstration** exciting or newsworthy?

This AoA demonstration initiative is exciting and newsworthy because it did what is rarely done: It drew upon the billions of federal investment in high quality research to test practical, low-cost attractive programs that can reach millions of diverse elders and produce meaningful improvements in health and health care costs. It organized multiple public and private organizations into an effective results-focused collaborative.